

BOROUGH OF BLOOMINGDALE

APPLICATION TO PERMIT THE RETAIL SALE OF CANNABIS

Date Application filed: ____/____/____

Applicant's Business Name: _____

Type of Business: _____

Applicant Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

Location of Retail Store: _____

Type of License being applied for:

____ Class 1 Cultivator

____ Class 3 Wholesaler

____ Class 5 Retailer

--- FOR BOROUGH of BLOOMINGDALE OFFICIALS ---ONLY ---

Municipal Fee: \$_____ Effective Date: ____/____/____

Date of Resolution: ____/____/____

Application Approved Denied Assigned License Number: _____

Special Conditions:

Signature of Municipal Clerk Date: ____/____/____

Application is made on behalf of: _____

1 = Individual

3 = Partnership

5 = Corporation

2 = Business

4 = Limited Partnership

6 = Limited Liability Company

1: NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT TRADE NAME)

License may be held by Individual (Last Name, First Name, Middle Initial), Partnership, or Corporation

2: ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

Street Address: _____

Municipality: Bloomington, NJ Zip: 07403

Telephone Number of business (_____) _____ - _____
Area Exchange Number

Email address: _____

3: IF NO LICENSED PREMISES EXISTS OR IF A MAILING ADDRESS IS DIFFERENT THAN THE "ACTUAL ADDRESS" GIVEN ABOVE, PROVIDE THE MAILING ADDRESS (insert N/A if not applicable):

Street Address: _____

PO Box # _____ Municipality: _____ State: _____

Zip _____ - _____ Telephone Number of business (_____) _____ - _____
Area Exchange Number

Email address: _____

4: NEW JERSEY SALES TAX CERTIFICATE OF AUTHORITY NUMBER: _____

5: TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE N.J. SECRETARY OF STATE (if a corporation) OR COUNTY CLERK (if a partnership or sole proprietor).

6: THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE APPLICANT:

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE? YES NO

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION.

7: DOES THE APPLICANT OWN THE BUILDING? YES NO

IF YES, IS THERE A MORTGAGE ON THE BUILDING? YES NO

Please provide documentary proof (a deed, a lease, a real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the entrant contingent upon successful licensing) demonstrating Applicant's interest in the building

If there is a mortgage on the building, please provide the mortgage provider:

8: DOES THE APPLICANT LEASE THE BUILDING? YES NO

If the applicant leases the building, please provide the information regarding the owner, a copy of the lease or real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the applicant contingent upon successful licensing, along with documentary proof the building owner is aware of the intended use as a cannabis retailer:

9: WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL BECAUSE OF AGE, CRIMINAL CONVICTION OR PROHIBITED INTEREST IN OTHER LICENSES? YES NO

If the answer is yes, answer the following by inserting the name of the individual or corporation and the social security number and date of birth, if an individual. Use additional pages as needed.

Name: _____

Social Security Number: _____

NJ Sales Tax Certificate of Authority No: _____

Date of birth: ____/____/____

10: HAS ANY PERSON PROPOSED TO HAVE AN OWNERSHIP INTEREST IN THE PERMIT HAD ANY CANNABIS LICENSE OR PERMIT REVOKED FOR A VIOLATION AFFECTING PUBLIC SAFETY IN THE STATE OF NEW JERSEY OR A SUBDIVISION THEREOF WITHIN THE PRECEDING FIVE (5) YEARS?

YES NO

ALL APPLICANTS SHALL SUBMIT THE FOLLOWING DOCUMENTATION:

1. The applicant shall submit:

- Proof of financial capability to open and operate the cannabis establishment for which the applicant is seeking a permit. Standards for proof of financial capability shall be determined by the Borough's Chief Financial Officer.
- Proof that the applicant has or will have lawful possession of the premises proposed for the cannabis retail store. Such proof may consist of a deed, a lease, a real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the entrant contingent upon successful licensing.
- Evidence that, in addition to complying with any State requirement related to good character and criminal background, any person proposed to have an ownership interest in the permit shall not have had any cannabis license or permit revoked for a violation affecting public safety in the State of New Jersey or a subdivision thereof within the preceding five (5) years.

2. The Applicant shall submit the following supplemental materials relating to the Planning Board:

- Please attach Resolution from Planning Board stating "Conditional Use" is approved pending state and local license acquisition.
- Approved "Consumer Identification and Legal Limit" plan.
- Approved "Consumer Education" plan.
- Approved "Odor Control" plan.
- Approved "Safety, Security, Emergency Services Access" plan.
- Approved "Window Displays" plan.
- Approved "Cannabis Product Waste Disposal" plan.
- Approved "Authorized Representative Contact" plan.

3. The Applicant shall submit the following after approval by State Cannabis Regulatory Commission:

- A copy of the license issued by the Cannabis Regulatory Commission authorizing the applicant to operate as a Licensed Cannabis Establishment with a copy of all application materials and documents submitted to the Commission for a license.

ALL APPLICANTS ANSWER THE FOLLOWING QUESTIONS

SOLE OWNERS AND PARTNERSHIPS: complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must be reported to the city. This information must sufficiently identify all officers, directors and stockholders holding one percent or more of the shares of the respective company.

NAME OF CORPORATION (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP).

NAME OF INDIVIDUAL (LAST NAME FIRST) STOCKHOLDER, PARTNER, OFFICER OR DIRECTOR

LAST NAME	FIRST NAME	MIDDLE INITIAL
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HOME STREET ADDRESS: _____

PO BOX: _____ MUNICIPALITY: _____ STATE: _____

ZIP: _____ - _____ SOCIAL SECURITY #: _____ DATE OF BIRTH: ____/____/____

HOME PHONE NUMBER: _____ OFFICE PHONE NUMBER: _____

% OF BUSINESS OWNED OR CONTROLLED: _____ NUMBER OF SHARES: _____

CHECK POSITION THAT APPLIES:

<input type="checkbox"/> SOLE OWNER	<input type="checkbox"/> PARTNER	<input type="checkbox"/> STOCKHOLDER
<input type="checkbox"/> PRESIDENT	<input type="checkbox"/> VICE PRESIDENT	<input type="checkbox"/> SECRETARY
<input type="checkbox"/> TREASURER	<input type="checkbox"/> TRUSTEE	<input type="checkbox"/> MANAGER
<input type="checkbox"/> AGENT	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> RECEIVER
<input type="checkbox"/> BENEFICIARY	<input type="checkbox"/> EXECUTOR/ADMINISTRATOR	<input type="checkbox"/> OTHER (SPECIFY) _____

NOTE: please copy and insert as many pages as required

AFFIDAVIT

STATE OF _____

COUNTY OF _____
(check one)

Individual Applicant

Members of the Partnership Applicant

_____ of _____
(President/Vice President) (Corporation)

Being duly sworn according to law, consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith, which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the Bloomingdale Police, Zoning Officer, Fire Official and/or Administration.

Being duly sworn according to law, upon his/her/their oath(s), depose(s) and say(s) that he/she is (they are) the person(s) duly authorized to sign the application; that in stance of corporate ownership, the signatory is authorized by corporate resolution to sign on behalf of the corporation; and that the contents of this application represent complete disclosure of the facts, and that the contents of this application are true.

(Signature of Individual Agent/Sole Proprietor)
CORPORATIONS ONLY
Attestation by Corporate Secretary

Partnership Name

Attest: _____
Corporate Name

Signature of Partner

Signature of Partner

Secretary Signature: _____

Sworn and subscribed before me this _____ day of _____, 20__.

Signature of Officer Administering Oath
Duly Authorized by Notary Public or Attorney at Law

Printed Name of Officer Administering Oath

Date of Expiration of Commission

CERTIFICATION

I, _____, the _____
(Name) (Title/Position)

of the Applicant for an Annual Local Cannabis Business License, being duly sworn according to law, on my oath, under penalties of perjury, hereby swear/affirm that if the annual local license is granted by the Borough to the Applicant, Applicant does hereby acknowledge and agree that at a condition of such license:

- (1) The Licensee, and each and every officer, agent and employee of the Licensee's business, shall at all times abide by and adhere to all State and local laws, including but not limited to all State regulatory provisions adopted by the New Jersey Department of Health and/or the Cannabis Regulatory Commission, and all ordinances of the Borough of Bloomingdale;
- (2) Failure of the Licensee to abide by and adhere to any and all State and local laws, including but not limited to all State regulatory provisions adopted by the New Jersey Department of Health and/or the Cannabis Regulatory Commission, and all ordinances of the Borough of Bloomingdale, shall be grounds for the revocation and/or non-renewal of any local annual license issued by the Borough;
- (3) The Licensee shall at all times remain responsible to pay on a monthly basis to the Borough of Bloomingdale, a 2% transfer tax on the gross receipts from each sale of all cannabis and cannabis items to any cannabis establishment, cannabis business, and any consumers;
- (4) The Licensee shall at all times remain responsible to pay on a monthly basis to the Borough of Bloomingdale, a 2% user tax on all receipts of each sale or on the value of each transfer or use of cannabis or cannabis items not otherwise subject to the transfer tax imposed on the Licensee's establishments that is located in the Borough to any other of the licensee's establishments, whether located in this municipality or any other municipality;
- (5) The use and transfer taxes above, shall be in addition to any other tax or fee imposed pursuant to statute, local ordinance or resolution of any governmental entity with regard to cannabis;
- (6) The transfer tax and user tax shall be stated, charged and shown separately on any sales slip, invoice, receipt or other memorandum of the price paid or payable or equivalent value of the transfer for the cannabis or cannabis item;
- (7) If the transfer tax and user tax is not paid when due, the unpaid balance, and any interest accruing thereon, shall be a lien on the parcel of real property comprising the Licensee's premises;
- (8) The lien shall be superior and paramount to the interest in the parcel of any owner, lessee, tenant, mortgagee or other person, except the lien of municipal taxes, and shall be on a parity with and deemed equal to the municipal lien on the parcel for unpaid property taxes due and owing in the same year;
- (9) The lien for delinquent user and transfer taxes shall be enforced as a municipal lien in the same manner as all other municipal liens are enforced; and

(10) Failure of the Licensee to make fully payment of the user and transfer taxes hereinabove imposed shall be grounds for the immediate revocation and/or termination of any local annual license and/or any annual license shall not be renewed unless and until all outstanding user and transfer taxes are paid in full. All user and transfer taxes shall also be paid should the licensee make application to the Borough's zoning and/or planning boards for any land use approvals.

NAME OF CANNABIS ESTABLISHMENT

DATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE FOR CANNABIS ESTABLISHMENT

PRINTED NAME & TITLE OF AUTHORIZED REPRESENTATIVE FOR CANNABIS ESTABLISHMENT

Subscribed and sworn to
Before me this _____ day
of _____, 20_____

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

AFFIDAVIT

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, the _____ of
(Name) (Title/Position)

the Applicant for an Annual Local Cannabis Business License, being duly sworn according to law, on my oath, under penalties of perjury, depose and say that I make this statement on behalf of the Cannabis Establishment listed herein, and that the statements contained in this Application, and all documents and information submitted as part of this Application, are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that any misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal to issues a permit/license to operate a Cannabis Establishment. I am voluntarily submitting this statement and understand that misleading statements and information may be subject to criminal, civil, or other sanctions or punishment. Further, I agree to provide updates to the statements and information provided herein as required under all applicable statutes, rules, regulations and ordinances, or as requested by the State of New Jersey or the Borough of Bloomingdale.

NAME OF CANNABIS ESTABLISHMENT

DATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE FOR CANNABIS ESTABLISHMENT

PRINTED NAME & TITLE OF AUTHORIZED REPRESENTATIVE FOR CANNABIS ESTABLISHMENT

Subscribed and sworn to
Before me this _____ day
of _____, 20____

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

WAIVER OF LIABILITY

On behalf of _____,
(Name of Cannabis Establishment)

I, _____
(Name of President or Chief Executive Officer)

hereby waive liability, as to the Borough of Bloomingdale and the Borough of Bloomingdale’s government subdivisions, departments, boards, elected and appointed officials, officers, employees and agents, for and in any way from the disclosure or publication in any manner, of any material, documents or information acquired or supplied during the permitting/licensing process or during any inquiries, investigations or hearings.

DATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE FOR CANNABIS ESTABLISHMENT

PRINTED NAME & TITLE OF AUTHORIZED REPRESENTATIVE FOR CANNABIS ESTABLISHMENT

Subscribed and sworn to
Before me this _____ day
of _____, 20____

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Government Agencies – federal, state and local without exception, both foreign and domestic.

On behalf of _____,
(Name of Cannabis Establishment)

I, _____ have
(Name of President or Chief Executive Officer)

Authorized the Borough of Bloomingdale, and its subdivisions, to conduct a full investigation into the background of the above-mentioned Cannabis Establishment.

Therefore, you are hereby authorized to release any and all information pertaining to the said Cannabis Establishment, documentary or otherwise, as requested by any employee, agent or representatives of the Borough of Bloomingdale and its subdivisions, provide that he or she certifies to you that said Cannabis Establishment has made an application before the Borough of Bloomingdale.

his authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

DATE

SIGNATURE

PRINTED NAME

Subscribed and sworn to
Before me this _____ day
of _____, 20____

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

AFFIDAVIT OF NON-DISCRIMINATION

STATE OF NEW JERSEY }

COUNTY OF }

SS:

I, _____, of the City of _____ In the State
[Commonwealth] of _____ being of full age and duly sworn according to law,
on my oath depose and say that:

I am the _____ of
_____, the Applicant for an Annual Cannabis Business License from
the Borough of Bloomingdale.

Pursuant to N.J.S.A. 10:2-1, the Company will not discriminate against any employee or
applicant for employment because of age, race, creed, color, national origin, ancestry, marital status,
affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such
action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer;
recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of
compensation; and selection for training, including apprenticeship.

Name of Individual

Title

Signature

Date

Subscribed and sworn to me before this
_____ day of _____, 20_____

Notary Public

AFFIDAVIT OF COMPLIANCE

STATE OF NEW JERSEY }

COUNTY OF } SS:

I, _____, of the City of _____ In the State
[Commonwealth] of _____ being of full age and duly sworn according to law,
on my oath depose and say that:

I am the _____ of
_____, the Applicant for an Annual Cannabis Business License from
the Borough of Bloomingdale.

The Company is in compliance with all state and local laws regarding affirmative action, anti-discrimination and fair employment practices, including without limitation the New Jersey Affirmative Action Law (N.J.S.A. 10:5-31 *et seq.*) and Anti-Discrimination Law (N.J.S.A. 10:2-1 *et seq.*).

Name of Individual

Title

Signature

Date

Subscribed and sworn to me before this
_____ day of _____, 20_____

Notary Public